



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**BUREAU OF BEHAVIORAL HEALTH, WELLNESS AND PREVENTION**

## Ryan White Part B Registration Letter

Thank you for your recent registration and interest in receiving Ryan White services. Ryan White Part B HIV/AIDS Programs are federal programs that addresses the unmet health needs of persons living with HIV/AIDS (PLWH/A) by funding primary health care and support services that enhance access to and retention in care.

### ☐ Pending Eligibility

You are missing some of the documents required to complete the eligibility process. A 30-day grace period been approved; however, the required documents must be submitted within this timeframe for the enrollment process to proceed.

Your 30-day grace period starts on \_\_\_\_\_ and ends on \_\_\_\_\_

Please return with the following document(s) by \_\_\_\_\_

<input type="checkbox"/>	<b>#1) PROOF OF HIV DIAGNOSIS</b> All clients must provide medical/legal documentation of HIV infection upon initial enrollment.
<input type="checkbox"/>	<b>#2) PROOF OF NEVADA RESIDENCY</b> Two (2) forms are required. The documents must be dated and current.
<input type="checkbox"/>	<b>#3) PROOF OF IDENTIFICATION</b> One (1) document is required.
<input type="checkbox"/>	<b>#4) PROOF OF HOUSEHOLD</b> Household income includes all individuals the client claims, may claim, or will claim in the most current tax year.
<input type="checkbox"/>	<b>#5) PROOF OF INCOME LEVEL</b> Proof of gross income not to exceed 400% FPL.
<input type="checkbox"/>	<b>#6) LABS-CURRENT CD<sub>4</sub> AND VIRAL LOAD</b>
<input type="checkbox"/>	<b>#7) PROOF OF EXISTING HEALTH CARE COVERAGE; IF NONE, ENROLLMENT PLAN OR CERTIFICATE OF EXEMPTION</b>

### ☐ Eligibility Completed

You have completed the Ryan White eligibility process. Below are your start and end dates for Ryan White Part B. It is your responsibility to schedule an appointment for eligibility redetermination before the end date.

Ryan White	Start Date	End Date	Eligibility Specialist	Agency	Phone Number
Part B					

**It is important to stay connected and registered in Ryan White Part B. Please report any changes to your registering agency. These changes may include your address, telephone number, financial needs, living arrangements, service needs or physician's name.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registering Agency Staff Member

\_\_\_\_\_  
Date